

**DO YOU WANT CASE
MANAGEMENT?**

***NAVIGATING THE
MYSTERY***

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WELCOME

How are you?

Who are we?

**How did we come to
learn what we know?**

**How did we get to
where we are?**

DISCLAIMER:

- **Do not share information that you do not want to be made public.**
- **This presentation is only intended to provide you with general information.**
- **Nothing in this presentation should be considered legal advice.**
- **No attorney-client relationship is created through the presentation of this information.**

IS THIS WORKSHOP RIGHT FOR YOU?

- **Maybe you want case management?**
- **Maybe you have case management?**
- **Maybe you have tried to get case management but have not been able to get it?**
- **Maybe you are on a waitlist (hold for service) for case management?**
- **Maybe you want to change case management agencies?**
- **Maybe you just want to learn more about it?**

ACRONYMS AND TERMINOLOGY

- **DHHS: Department of Health and Human Services (Maine)**
- **OBH: Office of Behavioral Health**
- **DRM: Disability Rights Maine**
- **Acentra/KEPRO: Managed care system that MaineCare contracts with to manage the Hold for Service lists and mor. Providers of Mental Health Case Management in Maine are required to use this system and the related Atrezzo platform**
- **CI/CIS: Community Integration Case Management, Community Integration Services, Section 17**
- **BHH: Behavioral Health Home, Section 92**
- **ACT: Assertive Community Treatment, Section 17**

- Independent non-profit 501(c)(3)
- Part of protection and advocacy system
- Protection and Advocacy of Individuals with Mental Illness (PAIMI)
- Express Interest
- Other programs
 - *PADD/DSA*
 - *Deaf Services*
 - *PAIR (ADA)*
 - *Education Services*
 - *PABBS*
 - *SSA Payee monitoring*
 - *PAVA*
- Contracts for mental health advocacy in state hospital.
- **CONTRACTS FOR ADVOCACY IN THE COMMUNITY-2019**



**DISABILITY RIGHTS MAINE
COMMUNITY ADVOCACY TEAM**



OCTOBER 2, 2019 REPORT TO THE SUPERIOR COURT FROM COURT MASTER JUDGE WATHEN

Although the effort is appreciated, it is neither adequately staffed nor funded. Such *ad hoc* responses have been tried in the past but in order to endure, the response must be systematized, data driven, and adequately supported if reasonable compliance with the Consent Decree is ever to be achieved. The hardships experienced on a daily basis by persons with severe and persistent mental illness who are unnecessarily denied timely access to needed mental health services, requires action.

THE MYSTERY

WHO
WHEN
WHERE
HOW
WHAT
WHY

DRM CONTRACTED TO PROVIDE COMMUNITY ADVOCACY

COMMUNITY ADVOCATES MAY ASSIST WITH:

- **Timely Access to Services.**
- **Training and Education Regarding Rights of Mental Health Recipients**
- **Assisting With Administrative Hearings**
- **Bringing Concerns to the Attention of The Office of Behavioral Health Regarding Provider's Compliance with The Rights of Recipients of Mental Health Services**
- **Providing Services Relating to the Provision of Mental Health Services to Adults in Maine with Serious and Persistent Mental Illness as Required by Statutes, Rules and Contracts.**

WHY FOCUS ON CASE MANAGEMENT?

- **Case managers can help one get core services and resources**
- **The system has changed**
- **You should be able to access case management if you want to, without it being a difficult system to navigate**
- **The Department has set this as a priority**

**Hi I am from
DRM here is the
menu of
services that
you are eligible
for and a
referral sheet
on how to ask
for them.**

10-144 Chapter 101
MAINECARE BENEFITS MANUAL

Menu of Mental Health Services

**Great, I must be all
set then. Thank
you.**



SOUNDS EASY..LET'S SEE

Hey want to go there!

I don't know, what are my options?

This is all there is. But I hear that the MENU IS PHENOMENAL



menu

**Community
Integration
(Case Managent)**

**Behavioral Health
Homes**

**Assertive Community
Treatment (ACT)**

Your right, this menu is awesome! I don't even need to go to page 2. Waiter, I will take the Case Management please.

Certainly.

And how long will this order take?

There is a process to fill your order and so let's get going.



Let's Go!

You will first need to leave the parking lot, get on the highway, take Exit 11 and take a right, they can help you there with getting your order filled.



There is a lot of traffic how do I know which lane to get in?

You can pick any lane as long as they work in the area where you live.

Are you saying that all the OBH diners are directed to a toll exit, but that each toll booth on that exit is operated by a different company?

TCMH TOA Anglez MBH CHCS

ALL OBH DINER CUSTOMERS PLEASE CHOOSE LANE.



HELLO, I am coming from the OBH Diner. I ordered case management services from their menu and they told me I had to come here and talk with you.

MBH

SPURWINK

TRI COUNTY

1

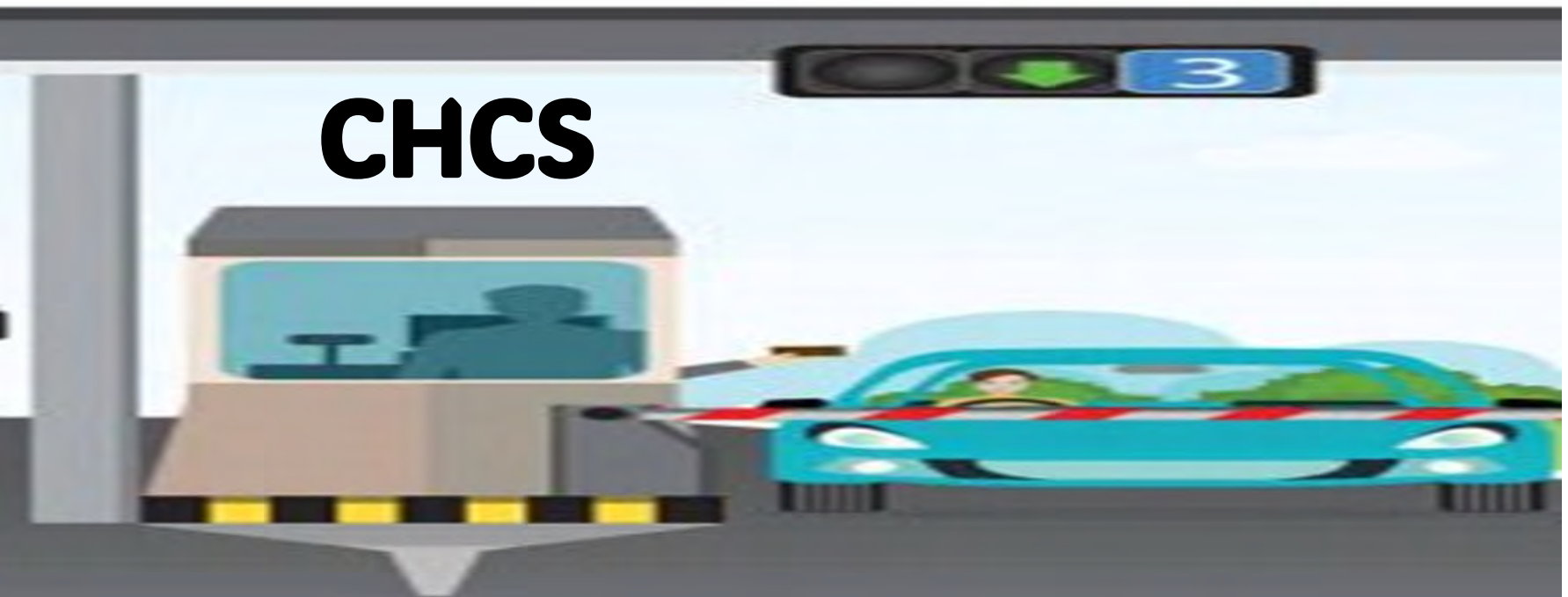
2

3



I have to ask you some questions first.

CHCS





WHAT TYPE OF CASE MANAGEMENT DO I WANT? COMMUNITY INTEGRATION SERVICES (CIS)

- **Case management services provided to individuals with a diagnosis of severe and persistent mental illness.**
- **The service includes the assessment of an individual's needs and developing an individual service plan to identify goals the personal wishes to work on.**
- **In addition, the case manager supports the individual in:**
 - **Identifying;**
 - **coordinating referrals;**
 - **and advocating for the individual's**
 - **medical,**
 - **residential,**
 - **educational,**
 - **vocational,**
 - **emotional, and**
 - **other related needs.**

WHAT TYPE OF CASE MANAGEMENT DO I WANT? BEHAVIORAL HEALTH HOME (BHH)

- **BHH is an integrated healthcare service delivery model,**
- **Provided to individuals with a diagnosis of serious and persistent mental illness,**
- **Is recovery-oriented,**
- **Is person and family centered and designed to improve patient experience and health outcomes over those achieved in traditional services.**
- **The BHH provides a team to facilitate access to**
 - **behavioral healthcare,**
 - **medical care, and**
 - **community-based social services.**

WHAT TYPE OF CASE MANAGEMENT DO I WANT? ASSERTIVE COMMUNITY TREATMENT (ACT)

- **ACT is the most intensive community-based mental health service offered in Maine.**
- **ACT is a 24/7 service.**
- **The service is provided to members primarily in the community, and members are seen multiple times a week**
- **ACT consists of a multi-disciplinary team including:**
 - **Case managers**
 - **R.N.s**
 - **Clinicians**
 - **Employment specialists**
 - **Psychiatry**
 - **Substance Use Counselors**
 - **Certified Peer Support Specialists**

ELIGIBILITY FOR COMMUNITY INTEGRATION

- **MaineCare Eligibility (within 30 days of intake)**
 - **MaineCare Eligibility is not required IF at an agency that has a grant funded contract with OBH**
- **You are 18 years or older (or an emancipated minor) AND you meet the criteria for a Serious and Persistent Mental Illness through one of the following****

AND you have a written opinion from a clinician within the last year (12 months) that says you have at least one of the risk factors listed above at the time the clinician issued the written opinion

3. AND you have a LOCUS score of seventeen (17) or higher

*** Criteria for Serious and Persistent Mental Illness on next slide.*

ELIGIBILITY FOR COMMUNITY INTEGRATION CONTINUED

■ **Criteria for Serious and Persistent Mental Illness**

- **1. A primary diagnosis of Schizophrenia or Schizoaffective disorder**
- **2. You have a different primary diagnosis (other than neurocognitive disorders, neurodevelopmental disorders, antisocial personality disorder, or substance use disorder) AND you have at least one of the following risk factors:**
 - **You may become homeless if you do not get community support services;**
 - **Without community support services you may end up committing a crime, being arrested, or become involved with the criminal justice system;**
 - **You think you will eventually need over-night mental health care for more than three days (72 hours) if you do not have community support services;**
 - **You think that you may be put in residential treatment (a long-term mental healthcare facility) if you do not get community support services;**

ELIGIBILITY FOR COMMUNITY INTEGRATION CONTINUED – RISK FACTORS

- ❑ **You have gotten treatment in Riverview Psychiatric Center or Dorothea Dix Psychiatric Center in the last two years (24 months) for something other than Neurocognitive Disorders, Neurodevelopmental Disorders, Antisocial Personality Disorder or Substance Use Disorder;**
- ❑ **You have been discharged from a residential mental healthcare facility in the last two years (24 months);**
- ❑ **You have gotten over-night treatment because of a mental illness for 3 days (72 hours) twice or more in the last two years (24 months);**
- ❑ **You have ever been committed by a civil (not criminal) court for psychiatric treatment as an adult (This is also known as being “blue-papered”);**
- ❑ **When you were under 21, you were eligible as a child with severe emotional disturbance**

ELIGIBILITY FOR BEHAVIORAL HEALTH HOME

- **MaineCare Eligibility (upon intake)**
- **You must have a primary mental health diagnosis, supported by written diagnosis(es) written by a physician, physician's assistant, or independently licensed clinician, within the scope of the professional's license, AND a LOCUS score of seventeen (17) or higher.**
- **Your primary diagnosis may NOT be the following**
 - **Delirium, dementia, amnestic, and other cognitive disorders;**
 - **Mental disorders due to a general medical condition, including neurological conditions and brain injuries;**
 - **Substance use or dependence;**
 - **Intellectual disability;**
 - **Adjustment disorders;**
 - **Z-codes; or**
 - **Antisocial personality disorder**



PROCESS OF GETTING CASE MANAGEMENT

- **What is a referral?**
 - **A referral for CI, BHH, or ACT is a request for those services made to an agency by phone, voicemail, online form, paper form, etc.**
 - **A referral can be submitted by someone on your behalf**
 - **This can also mean a self-referral submitted by you, with or without support from another individual**

WHAT INFORMATION MAKES SOMETHING A "REFERRAL"?

- **For an agency to be able to add your request for services into Acentra as a "Hold for Service" on their "waitlist" all they need is the following:**
 - **Your first and last name**
 - **Your date of birth**
 - **Your contact information**
- **An agency may ask you for additional information, such as:**
 - **Your insurance type**
 - **Diagnosis**
 - **More**
- **However, this information is not necessary for them to add you into Acentra as a Hold for Service.**



WHAT HAPPENS NEXT?

- **The agency enters your information into Acentra as a Hold for Service**
 - This is the company MaineCare contracts with to manage the Hold for Service lists and will review your intake assessment.
- **After the agency enters your information into Acentra as a Hold for Service, the agency must:**
 - **Contact you every thirty (30) days to ensure that you want to remain on their waitlist for services**
 - They must attempt to contact you at least three times before they can request approval from OBH to remove you from their Hold for Service list.
 - **Offer you alternatives to being placed on the hold for service list, including providing information on other service provider agencies within a 25-mile radius**
- **You are entitled to be on multiple waitlists.**



WHAT IF I AM DENIED?

- **Acentra will issue a determination of whether you are eligible or not under MaineCare Rules**
- **If Acentra determined that you are not eligible, you have the right to an administrative appeal**
 - **If you want to appeal, it is important to contact Acentra within 10 days* of the date of the notice.**
 - **If you contact them within 10 days, your services will continue to be paid for during the appeal process**
 - **If you do not contact them within 10 days, your services will likely be discontinued until/unless the appeal is successful, in which case the initial denial would be reversed**
- **If you do not contact Acentra within 10 days, but still wish to appeal, you have an additional 50 days** to contact Acentra and say you want to appeal**



HOW CAN DRM HELP?

ACCESSING CASE MANAGEMENT



HOW CAN DRM HELP?

- **Outreach**
- **Meet at your home, park, library, peer center wherever one is comfortable**
- **Explain our role**
- **Review types of case management, eligibility and process**
- **Review process and potential outcomes**
- **Offer you a list of providers serving your geographic area and contact information**
- **Assist in making calls with you if wanted**

HOW CAN DRM HELP?

DRM will fax two confirmation letters to the agency so that the agency has confirmation that the referral has been made along with an OBH notice regarding all that is needed for the person to be considered as a referral. This occurs in the following instances:

- **When we speak directly to a person at the agency.**
- **Submits a request electronically**
- **When the agency has a voice mail system that does not connect to a live person.**

DRM FORMS

SECTION 17: COMMUNITY INTEGRATION

Dear _____:

I AM REQUESTING THAT YOUR AGENCY PROVIDE ME WITH: Section 17 Adult Community Integration Case Management Services.

You have my permission to provide information regarding the status of this request to Disability Rights Maine.

Thank you.

SIGNATURE: _____ DATE: _____

SIGNATURE OF INDIVIDUAL SEEKING SECTION 17 ADULT COMMUNITY INTEGRATION CASE MANAGEMENT SERVICES FROM YOUR AGENCY.

DRM FORMS

SECTION 17: COMMUNITY INTEGRATION

Dear _____:

Thank you for speaking with me and _____ today. As we discussed, _____ is self-referring to your agency to provide them with the following Mental Health Service Section 17 Community Integration Case Management.

_____ has asked us to send you their attached letter confirming their request for Section 17 Community Integration Case Management Services.

The name and contact information of the person who is self-referring to your agency to provide them with the above Section 17 Community Integration Case Management is as follows:

NAME:

DATE OF BIRTH:

ADDRESS:

PHONE NUMBER:

EMAIL:

If you have any questions, please feel free to contact me using the information below. To use Maine Relay, dial 711.

Emily Mott, Staff Attorney
207-626-2774 Ext. 217, emott@drme.org

DRM FORMS

SECTION 92: BEHAVIORAL HEALTH HOMES

Dear _____:

I AM REQUESTING THAT YOUR AGENCY PROVIDE ME WITH: Section 92 Adult Behavioral Health Home Services.

You have my permission to provide information regarding the status of this request to Disability Rights Maine.

Thank you.

SIGNATURE: _____ DATE: _____

SIGNATURE OF INDIVIDUAL SEEKING SECTION 92 Behavioral Health Home SERVICES FROM YOUR AGENCY.

DRM FORMS

SECTION 92: BEHAVIORAL HEALTH HOMES

Dear _____:

Thank you for speaking with me and _____ today. As we discussed, _____ is self-referring to your agency to provide them with the following Mental Health Service Section 92 Behavioral Health Home Services _____ has asked us to send you their attached letter confirming their request for Section 92 Behavioral Health Home Services.

The name and contact information of the person who is self-referring to your agency to provide them with the above Section 92 Behavioral Health Home Services is as follows:

NAME:

DATE OF BIRTH:

ADDRESS:

PHONE NUMBER:

EMAIL:

If you have any questions, please feel free to contact me using the information below. To use Maine Relay, dial 711.

Jane Moore, Advocate
207-626-2774 Ext. 256, jmoore@drme.org

WHAT HAPPENS AFTER DRM FAXES THE DOCUMENTS?

Within 2 business days of faxing these documents DRM will contact the agency to verify that the referral has been entered into Acentra.

If the person has not been entered into Acentra, OBH will follow up with the agency within 1 business day of DRM notifying them of its contact with the agency

FAQS – REQUIRED INFORMATION FOR REFERRAL

- **Q. What if you do not have proof of diagnosis or other qualifying support for Section 17 services at the time you call to refer yourself?**
- **A. The agency should not refuse your referral in this instance. The agency is able to enter your information as a referral into Acentra/Kepro using the R-69 diagnostic code.**
- **Q. What if you do not have your insurance information available or do not have insurance/MaineCare?**
- **A. The agency should not refuse your referral in this instance. The agency is able to enter your information as a referral into Acentra/Kepro by creating a "temporary member ID".**
- **Q. What if I am asked for my social security number in lieu of my insurance information?**
- **A. You do not need to provide your SSN in order to be placed on a HFS. The agency is able to put "000-00-0000" in place of your SSN.**



FAQS – REFERRAL PROCESS

- **A. Can an agency just decide to reject / not accept my referral?**
- **Q. If you are referring yourself to Community Integration, Behavioral Health Home, or ACT, and have provided the minimum required information*, then an agency must request and obtain authorization from OBH before they can refuse your referral.****
- **Q. What happens after I am on a hold for service?**
- **A. The agency must attempt to follow up with you every 30 days to ask if you are still interested in remaining on their hold for service list.**

FAQS – MAINECARE / GRANT FUNDS

- **Q. What if you do not have MaineCare?**
- **A. If the agency has grant funds, they can use that grant funding to serve you as long as you do not have and are not eligible for MaineCare.**

- **Q. What if the Agency does not have grant funds?**
- **A. If the agency does not have grant funds they should enter the person as a hold for service and would have to submit a request for a "referral refusal" to OBH.**

- **Q. What if I don't have MaineCare or have not applied?**
- **A. The agency has 30 days of "presumptive eligibility" but if day 31 comes and you do not have MaineCare AND the agency does not have grant funds, they have to discharge you.**



FAQS – REQUIRED PAPERWORK

- **Q. Do I need to provide an agency with paperwork such as proof of diagnosis in order for the agency to take my information as a "referral"?**
- **A. No. If you provide your name, date of birth, and contact information, that is enough for a referral. Extra paperwork such as proof of diagnosis will be required in the intake process, but no paperwork at all is required to be considered a "referral" even if done by telephone.**
- **Q. I was on a hold for service and the agency has scheduled me for an intake, but they are asking me to complete all these forms and releases. Do I have to complete them?**
- **A. The agency can have their own internal forms, and they will require you to complete them before they are able to begin offering you services.**
- **Q. What about if the agency is requiring me to complete these forms and releases as part of the referral process?**
- **A. Although an agency can have internal forms, the agency cannot require you to complete these forms in order to be placed on the hold for service list because that would mean their determination on whether you have referred yourself is contingent upon you submitting those forms.**



SCENARIOS



SCENARIO 1



Okay Behavioral Health Homes (BHH). I just have to ask you some questions.

I want to sign up for case management

HMMM...?



THOUGHTS?

RESPONSES?

SCENARIO 2



What is your diagnosis?

You will need an assessment and it has to be schizophrenia or schizoaffective disorder

I would like community integration case management

I don't know. I think it is Bipolar disorder

HMMM...?



THOUGHTS?

RESPONSES?

SCENARIO 3

**I would like to
sign up for case
management.**

**I am sorry we
don't have
capacity. Call back
in a month or two.**



HMMM...?



THOUGHTS?

RESPONSES?

SCENARIO 4

Hello, I'm calling to follow up with you. We still have lack of capacity to offer you services.

That's odd as my buddy says he called last week for the first time and was accepted into your program.



Well, we did have a brief time where we had some openings come up and he called before I had a chance to call you back. Sorry.

HMMM



THOUGHTS?

RESPONSES?

SCENARIO 5



Hello, I am interested
in signing up
for case management

Before receiving case management
I am going to need you to fill
out our forms online and submit
it to us.

HMMM



THOUGHTS?

RESPONSES?



QUESTIONS?

NOTHING IN THIS PRESENTATION SHOULD BE CONSIDERED LEGAL ADVICE AS THIS PRESENTATION IS ONLY INTENDED TO PROVIDE YOU WITH GENERAL INFORMATION.



CONTACT INFORMATION

Intakes

1-800-452-1948 (V/TTY)

207-626-2774 (V/TTY)

**Website: drme.org/online-intake-form
advocate@drme.org**

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emott@drme.org